

SHERIFF'S NUMBER 024084-001D CASE NUMBER 08C1310

DEPUTY:

Nicole 94572

FILED DT 03-05-2008 RECEIVED DT 03-11-2008 DIE DT 03-27-2008 MULTIPLE SERVICE 1

DEFENDANT
 HANBROUGH, HARLAN
 9905 S COMMERCIAL AV
 CHICAGO IL. 60617

ATTORNEY
 STARKS & BOYD P.C.
 11528 S. HALSTED
 CHICAGO IL. 60628
 773 995-7900

FOREIGN

PLAINTIFF JONES, LILLY AND MICHAEL

SERVICE INFORMATION: CF

(A) I CERTIFY THAT I SERVED THIS SUMMONS ON THE DEFENDANT AS FOLLOWS:

-1 PERSONAL SERVICE: BY LEAVING A COPY OF THE SUMMONS AND COMPLAINT WITH THE NAMED DEFENDANT PERSONALLY.
-2 SUBSTITUTE SERVICE: BY LEAVING A COPY OF THE SUMMONS AND A COPY OF THE COMPLAINT AT THE DEFENDANT'S USUAL PLACE OF ABODE WITH SOME PERSON OF THE FAMILY OR A PERSON RESIDING THERE, OF THE AGE OF 13 YEARS OR UPWARDS, AND INFORMING THAT PERSON OF THE CONTENTS THEREOF. ALSO, A COPY OF THE SUMMONS WAS MAILED ON THE 24th DAY OF March 2008, IN A SEALED ENVELOPE WITH POSTAGE FULLY PREPAID, ADDRESSED TO THE DEFENDANT AT HIS OR HER USUAL PLACE OF ABODE. SAID PARTY REFUSED NAME
-3 SERVICE ON: CORPORATION _____ COMPANY _____ BUSINESS _____ PARTNERSHIP _____ BY LEAVING A COPY OF THE SUMMONS AND COMPLAINT (OR INTERROGATORIES) WITH THE REGISTERED AGENT, AUTHORIZED PERSON OR PARTNER OF THE DEFENDANT.
-4 CERTIFIED MAIL _____

(B) THOMAS J. DART, SHERIFF, BY: [Signature], DEPUTY1 SEX F M/F RACE B AGE 352 NAME OF DEFENDANT HANBROUGH, HARLANWIT SERVED ON Michelle Hanbrough (w)THIS 24th DAY OF March, 2008 TIME 6:45 A.M./P.M.

ADDITIONAL REMARKS _____

THE NAMED DEFENDANT WAS NOT SERVED.

TYPE OF BLDG 2 Story Hse

ATTEMPTED SERVICES

NEIGHBORS NAME _____

DATE TIME A.M./P.M.

ADDRESS _____

3.20.08 1008A 2728

REASON NOT SERVED:

- | | |
|---|--|
| <input type="checkbox"/> 01 MOVED | <input type="checkbox"/> 07 EMPLOYER REFUSAL |
| <input type="checkbox"/> 02 NO CONTACT | <input type="checkbox"/> 08 RETURNED BY ATTY |
| <input type="checkbox"/> 03 EMPTY LOT | <input type="checkbox"/> 09 DECEASED |
| <input type="checkbox"/> 04 NOT LISTED | <input type="checkbox"/> 10 BLDG DEMOLISHED |
| <input type="checkbox"/> 05 WRONG ADDRESS | <input type="checkbox"/> 11 NO REGISTERED AGT. |
| <input type="checkbox"/> 06 NO SUCH ADDRESS | <input type="checkbox"/> 12 OTHER REASONS |
| | <input type="checkbox"/> 13 OUT OF COUNTY |

FEE .00 MILEAGE .00 TOTAL .00

SG20